

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006114

STATE FILE NUMBER

AMENDED

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 41

FILED FEB 19 1962

1. PLACE OF DEATH

a. COUNTY

Franklin

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Gasconade

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN Washington

Length of stay in 1b

3 weeks

c. CITY

OR

TOWN Rosebud

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION St. Francis Hospital

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Nancy

Luella

Simpson

4. DATE

Month

Day

Year

OF
DEATH

Feb.

10

1962

5. SEX

female

6. COLOR OR RACE

white

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

6-19-1878

9. AGE (last birthday)

83

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

housework

10b. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (City and state or country)

Rosebud, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

James Marian Melton

13b. MOTHER'S MAIDEN NAME

Malissa Caroline Holt

14. NAME OF HUSBAND OR WIFE

J. A. Simpson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

David A. Melton - St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

C.C.H. Cerebral Vascular Accident
Cerebral Arterial Sclerosis
Interval between
onset and death
2 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal

disease condition given in PART I (a)

19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-22-62 to 2-10-62 and last saw her alive on 2-10-62
Death occurred at _____ m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,

REMOVAL (Specify)

burial

23b. DATE

2-13-1962

23c. NAME OF CEMETERY OR CREMATORY

New Salem Cemetery

23d. LOCATION (City, town, or county)

near Owensville, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Gottenstroeter Funeral Home
Owensville, Mo.

25. DATE RECD. BY LOCAL REG.

3/4/62

26. REGISTRAR'S SIGNATURE

Leola E. Hudnutt

Melton H H Winter

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wilford H. Winter

Licensed Embalmer No. 3838

P. O. Address OWENSOVILLE

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.